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ABSTRACT

The program "Teen STAR (Sexuality Teaching in the context of Adult Responsibility)" begins by helping young people understand the woman's cyclic and the man's constant fertility in order to encourage pre-marital abstinence in adolescents. Students then discover the values of fertility and begin to derive the norms that govern possessing it. Developmentally appropriate curricula are available for junior high, senior high, teen parents, and university level students. Results from the program are presented for the United States, Canada, Chili, and Poland. When the power to procreate is given a high value rather than a negative value, different behavioral outcomes are encountered among sexually active females. It was found that teaching teenage women and, later, men to understand and value their body's fertility within a comprehensive program of sexuality education facilitated maturation. (EMK)

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ED 424 510

The International Teen STAR Program

No one contests the fact that pre-marital abstinence is the most effective and least expensive way of obviating all the problems which arise from pre-marital sexual activity. Yet there is widespread skepticism that abstinent behavior among adolescents is achievable. With the appropriation of Title V monies for abstinence education, the term has gained either notoriety or respectability depending on one's point of view. Yet the educational approaches to maintain virginity until marriage most often fall into one end of the ideological spectrum. Some advocates emphasize character formation, others provide activities for young people which keep them well and pleasantly occupied so that they have less time for the one-on-one liaisons which so often culminate in sexual activity. Somewhere in the plethora of programs, the notion of utilizing the emerging consciousness of one's biological capacity for becoming a mother or a father which becomes present at puberty has met with anxiety and distress on the part of well-intentioned persons, some of whom equate knowledge of one's fertility with an irresistible invitation to sexual activity. Yet, just such a program — Teen STAR (**S**exuality **T**eaching in the context of **A**dult **R**esponsibility) has used the understanding of the woman's cyclic and the man's constant fertility as the pivot for imparting education in human sexuality since 1980.[1 2]

The program begins by helping young people to discover their fertility through the understanding of cyclic physiology which is employed in the Billings Ovulation Method of Natural Family Planning. The youths then discover the values of fertility and begin to derive the norms which govern possessing it.

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Developmentally appropriate curricula are designed for junior high, senior high, teen parents, and university level students (Holistic Sexuality). Junior and senior high curricula require weekly meetings for two semesters, while the other curricula can span one semester. When minors are taught, parental permission is required as well as an acceptance of teacher-client confidentiality. Surprisingly, in widely disparate cultures, relatively few cultural accommodations were necessary for successful delivery of the program. Teen STAR documented its effectiveness not only in the United States, but also in Canada, Chile, and Poland. Other markers of program acceptability: recruitment of additional teachers and ongoing program support in France, Switzerland, Austria, Romania, Croatia, Cameroon, Slovakia, Hungary, Lithuania, Zimbabwe and South Africa.

Results

Behavioral outcomes from U.S. and Canada (Table 1), Chile (Table 2), and Poland (Table 3) all show undergirding of virginity and a significant return to abstinent behavior. Attitudinal changes which support the goals of the program are available from the Canadian site (Table 4). Table 5 shows the age of first intercourse among U.S. females in 1995, Table 6 the level of current sexual activity among U.S. high school students.

Table 1: Sexual Activity - Teen STAR 1996-1997
U.S. and Canada

School	N Partici-pants	Sexually Active Before	Discon-tinued Sexual Activity	Sexual Activity last 3 mos.	Began Sexual Activity
High School Freshmen - FEMALES					
Totals	**293**	**35 (11.9%)**	**15 (5.1%)***	**23 (7.8%)**	**3 (1%) ***
High School Freshmen - MALES					
Totals	**456**	**99 (21.7%)**	**34 (7.4%)***	**67 (14.6%)**	**2 * (0.4%)**
8th Grade - FEMALES					
Totals	**23**	**0**	**0**	**0**	**0**
8th Grade - MALES					
Totals	**18**	**0**	**0**	**0**	**0**

*** In sum, 42% of previously sexually active females and 34% of previously sexually active males discontinued previously begun sexual activity.**

Table 2: CHILE

Transition Rates - Virgin to Non-Virgin Status
No. = 432 15-17 year olds

	Males	Females
Program	8.8%	3.4%
Comparison Group	17.6%	8.8%
Discontinuation Rates		
Program Group	N.S.	50%
Comparison Group	0	0

Table 3: Poland Pilot Program 1995-96 13-15 year old group - no sexual activity N - 200 16-18 year old group - N - 275	
Sexual Activity at Entry	**Sexual Activity at Exit**
26 (9.4%)	15 (3.6%)
Note: Results were not separated by sex. Average age of sexarche in Poland: male 15.8 years, female 16.5 years	

Table 4: Selected Attitudinal Changes of 327 Teen STAR freshmen at the end of their second semester (1996-1997), London, Ontario, Canada		
Attitude	**Males (%)**	**Females (%)**
Determined not to have sex before marriage	**57%**	**74%**
Greater control over emotions	**57%**	**69%**
Greater understanding and empathy for others' feelings	**75%**	**81%**
Program helpful	**65%**	**90%**
Source: Evaluation of Teen STAR Program, Whitehead, P.C., Wood, K.A. [Department of Sociology, University of Western Ontario, Canada.] in preparation.		

U.S. POPULATION - 1995

Table 5: National Survey of Family Growth 1995 Females Aged 15-19 who have ever had sexual intercourse after menarche for and never-married women, by age at interview and by age and race and Hispanic origin for teenagers United States, 1995	
Age	%
15	21.4
16	38.0
17	49.6
18	62.7
19	72.4
combined	48.1
Source: Series 23, No. 19, p. 30, NCHS Vital & Health Statistics, US Dept. of HHS, CDC, May 1997.	

Table 6: Youth Risk Behavior Survey (1995) courtesy, John Santelli, Center for Disease Control, USPHS Atlanta, GA		
Grade	Currently Active Female (%)	Male (%)
9	22.3	24.2
10	35.4	32.1
11	48.1	36.8
12	51.9	47.9
overall	40.4 (77% of ever active)	35.5 (66% of ever active)

Discussion

Our society is by no means uniform. Unfortunately, the vast majority of health care professionals have accepted premarital and extra marital sexual behavior as a given, and perhaps a

norm, and restrict their interventions to trying to prevent undesired pregnancy and sexually transmitted disease. Some have gone a step further and equate consistent use of contraceptives by adolescents with ego maturity.

Speier et al's paper: "Predicting Contraceptive Vigilance in Adolescent Females: A Projective Method for Assessing Ego Development,[3] considers regular use of contraception as a sign of ego maturity, hence believe that ego maturity may be used to predict "contraceptive vigilance." While their indices are competently related to contraceptive practice, is is important to ask whether dependable contraceptive practice truly leads to maturity, or whether it reflects dependency on the health care providers who constrict the range of choices to "effective" family planning methods while accepting premarital sex. Contraception may prevent premature pregnancy and STD's, but it may also inhibit the ego integration which would lead to true adult self-directedness.

Identity foreclosure and maturational arrest,[4] is frequent when teens plunge into (adult) activities before they are mature enough. For example, marital unions which began with premarital sex have been shown to be three times more likely to end in divorce than when sex was begun after marriage.[5]

In dichotomizing sex and procreation, contraception necessary devalues fertility, thus interfering with teens' acceptance of their body and its power, including not only gender, but the potential for becoming a parent - an important aspect of the personality integration task of adolescence. Despite writing in terms of ego psychology, the paper does not take note of Helene

Deutsch's classic teaching from the *The Psychology of Women*: "For the normal healthy woman, coitus psychologically represents the first act of motherhood."[6] If this were not true, why are 58% of abortions said to be due to "failed contraception"?[7] Conventional wisdom to the contrary, for a woman, sex and procreation are not so easily separated.

Jemmott randomized high risk teens into either 2 or 4 hour "abstinence" or "safe sex" interventions, paid them for their attendance for the introductory, and 3, 6, and 12 month follow-ups and compared the results.[8] The "abstinence intervention" was promising at 3 months, but lost credibility subsequently. Sarah Brown, Executive Director of the President's Task Force for the Prevention of Teen Pregnancy had already concluded and stated in an address to the American College of Obstetricians and Gynecologists, May 1997 in Las Vegas, that the public health approach to sex education had failed and that a values-based approach was necessary. One cannot randomize young people, or anyone else for that matter, in such value-laden areas and expect any meaningful results. In this study, major methodological errors were committed:

1) randomization into one or the other mode

2) randomization of teachers without apparently ascertaining what they thought appropriate for teens in terms of sexual behavior

3) failure to describe adequately the abstinence intervention

4) bribing attendees with considerable sums of money

5) failure to recognize that achievement of discontinuation of already initiated sexual activity requires a quite different approach from undergirding primary virginity.

It is very difficult to move an entrenched bureaucracy which has an enormous financial stake in maintaining its own systems. However, those of us who are physicians and who do truly understand not only the physical risks of adolescent sex, but also the psychological ones which have not been touched on in these papers, would do well to keep an open mind.

Engaging in an adult behavior while one is not yet adult does not move the participant toward maturity, but rather fixes the participant in emotional immaturity. The evidence to this is all around us in impulsive and sometimes violent behaviors which are reported daily. Any research which will be useful must avoid the mechanistic approach of Jemmott et al., even though it is elegantly analyzed statistically.

When the power to procreate is given a "high value" rather than a negative value, different behavioral outcomes are encountered among sexually active females or those at risk for initiating intercourse. We found that teaching teenage women and, later, males to understand and value their body's fertility within a comprehensive program of sexuality education facilitated maturation: they broke away from peer pressure and either remained abstinent or returned to abstinence.[9]

ENDNOTES[10]

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